S. No. 2
M—1-4-41
v. 5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3224

FILED FEB 4 1942

Registration District No. 1993

Primary Registration District No. 4415

Registrar's No.

300

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Edgerton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 56 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Edgerton
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location): 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: AMANDA C. SMITH
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Leon Smith
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: 9 (Month) 6 (Day) 85 (Year)

8. AGE: Years 56 Months 3 Days 20 If less than one day hr. min.

9. Birthplace: Platte Co., Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Home
FATHER
12. Name: Thomas R. Petty
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha Sparks
15. Birthplace: Platte Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. James Reed
(b) Address: Trimble, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Camden Pt. Cem.
18. (a) Signature of funeral director: Vivian R. Nash
(b) Address: Edgerton Mo.
19. (a) Jan. 3-42 (Date received local registrar) (b) Vivian R. Nash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1941 hour 3 minute 02 P.M.

21. I hereby certify that I attended the deceased from October 10, 1941, to December 26, 1941; that I last saw h. alive on December 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Gastro-intestinal tract - probably of pylorus of stomach — Duration 1 yr.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): H6b
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Edward M. Klein (M. D. or other) M.D.
Address: Platte City, Mo Date signed Jan 2, 1942

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Platte
District File Number 242-14
Date Filed 2-3-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.